

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## **FORM D**

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2002

Estimated average burden hours per response... 1

Prefix Serial

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate	change.) 1175384
Filing Under (Check box(es) that apply): [ ] Rule 504 [ ] Rule 505 [ X ] Rule 506	[ ] Section 4(6) [ ] ULOE
Type of Filing: [X] New Filing [] Amendment	
A. BASIC IDENTIFICATION DATA	PROCESSED
Enter the information requested about the issuer	THOMSON FINANCIAL
Name of Issuer (check if this is an amendment and name has changed, and indiciate of Computed Ultrasound Global, Inc.	nange.)
Address of Executive Offices (Number and Street, City, State, Zip Code) Tele Area Code)	ephone Number (Including
3480 Oriole Place, Fremont, CA 94555	(510) 468-8075
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (Including Area Code) (if different from Executive Offices) Same as above	Telephone Number

Brief Description of Business

CRGA

Computer Services							and to an other trees to see	
Type of Business Organ	ization							
[X] corporation	[ ] limited	partnership	, already fo	rmed	[ ]	other (ple	ase sp	ecify):
[ ] business trust	[ ] limited	partnership	, to be form	ned				
e grant and the first and reference events and the first first first and an anomalous and	ak in til med i mengalak salah sebagai pengangan pengabahan sebilah sebagai pengabahan sebelah sebelah sebelah	Month	Year	on the manufacture of the second of the seco				The second secon
Actual or Estimated Date Organization:	e of Incorporation or	[0]2]	[0]1]			[X]Actu	al [	] Estimated
Jurisdiction of Incorpora		(Enter two-l for Canada;						
		BASIC IDEN	ITIFICATIO	ON DATA			55 \$1 - 35\$2-50 (2004)AP - 1	
2. Enter the information	requested for the fol	lowing:	The state of the s	ggerringi (1880) (1896) <del>(1896) (1896)</del>			and the second	TP recommendation the chief of the distribution and comments are secured.
Each promoter	of the issuer, if the i	ssuer has be	en organiz	ed within the	e past fiv	e years;		
<ul> <li>Each beneficial of a class of eq</li> </ul>	owner having the puity securities of the	ower to vote issuer;	or dispose	e, or direct th	e vote or	dispositio	n of, 1	0% or more
Each executive partnership issu	officer and director uers; and	of corporate	issuers an	d of corpora	te genera	al and mai	naging	partners of
Each general a	nd managing partne	r of partners	hip issuers	•				
Check Box(es) that Apply:	[x Promoter [x]]	Beneficial Owner	[×]	Executive Officer	[x]	Director	[x]	General and/o Managing Partner
		78000 1030 U.S. 01300 U.S. 01400 U	Santana madamatan da santa	and the second s	The state of the s	<del></del>		~

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o 3480 Oriole Place,	Fremont, CA 94555					
Check Box(es) that Apply:	[] Promoter [x]	Beneficial Owner	[ ]	Executive Officer	[x] Director []	General and/o Managing Partner
Full Name (Last name Lee, Robert	first, if individual)					
Business or Residence c/o 3480 Oriole Place,		nd Street, City	, State, 2	Zip Code)	al decision of the change includes the change in the chang	
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[×]	Executive Officer	[x] Director[]	General and/or Managing Partner
Full Name (Last name Chen, Chin-Tu	first, if individual)					and the second of the second o
Business or Residence c/o 3480 Oriole Place,		nd Street, City	, State, 2	Zip Code)		
Check Box(es) that Apply:	[ ] Promoter [x]	Beneficial Owner	[×]	Executive Officer	[x] Director[]	General and/or Managing Partner
Full Name (Last name	first, if individual)					
Hou, William Y.						
Business or Residence c/o 3480 Oriole Place,	·	nd Street, City	, State, Z	Zip Code)	The second se	
Check Box(es) that	[] Promot [x]	Beneficial	[×]	Executive	[x] Director[]	General and/or

Apply:		er	Owner		Officer			Managing Partner
Full Name (Last name Liu, Dong C.	first, if	individual)		A STATE OF THE STA	anagal an falan a shinka sheeyaan ah ka dhaaya a		ante ante il casso della alla cassa della cassa della cassa della cassa della cassa della cassa della cassa del	in is an experience of the second
Business or Residence c/o 3480 Oriole Place,		•		, State, i	Zip Code)			
Check Box(es) that Apply:	[]	Promot [ ] er	Beneficial Owner	[]	Executive Officer	[]	Director[]	General and/o Managing Partner
Full Name (Last name	first, if	individual)		- en		aguage desidente egy et gags som egy 3		
Business or Residence	Addre	ss (Number a	nd Street, City	, State, i	Zip Code)			manovota as i <del>king gas tos ta 193</del>
Check Box(es) that Apply:	[]	Promot [ ] er	Beneficial Owner	[]	Executive Officer	[]	Director [ ]	General and/or Managing Partner
Full Name (Last name	first, if	individual)			ang metal dan mendebahan melabahan melabahan melabahan melabahan melabahan melabahan melabahan melabahan melabah		<u>Marining and American Services of the Company of t</u>	M. H. H. H. P. C. H.
Business or Residence	Addre	ss (Number a	nd Street, City	, State, 2	Zip Code)	r fra de desidente de esperancia de propo	udes automos i de l'hocket de la les este en est	0.000
(Use bl	ank sh	eet, or copy	and use addit	ional co	opies of this s	heet, as	necessary.)	ALLEGO STATEMENT OF STATEMENT STATEM
	na pod pou proces pod pod je divini	B. IN	IFORMATION	ABOUT	OFFERING		ana ana ana an' an' an' an' an' an' an'	anii Carlos (ali "Pianii Pianii "Pianii Anabaa (ali ali ali ali
Has the issuer sold, offering?	or doe	s the issuer in	tend to sell, to	non-acc	redited investo	ors in this		es No

Answer also in Appendix, Column 2, if filing under ULOE.

Full Na	ame (Last	name firs	st, if indiv	idual)								
Busine	ess or Res	sidence A	.ddress (N	lumber a	nd Street,	City, Sta	te, Zip Co	ode)	**************************************			
Name	of Associ	ated Brok	er or Des	aler	nan pananan ang mananan an		and the second seco			and the second s	ener mannet i hant terre at a stant en	
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States	in Which	Person L	isted Has	Solicited	d or Intend	ds to Solid	it Purcha	sers				
(Check	k "All Stat	es" or che	eck individ	dual State	es)					[ ]	All States	5
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ame (Last	name fire	st. if indivi	dual)					artis kerveri (k.e.) signaang panggan yawa	and in the second se	interprete i mangandra mandra, kanapangsapan a	***************************************

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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[ТХ]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	ame (Last	name firs	st, if indivi	dual)										
Busine	ss or Res	sidence A	ddress (N	lumber a	nd Street,	City, Sta	te, Zip Co	ode)	See					
Name	Name of Associated Broker or Dealer													
States	in Which	Person L	isted Has	Solicited	or Intend	ls to Solic	it Purcha	sers						
(Check	(Check "All States" or check individual States) [ ] All States													
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Prophosocial and a series		Use blan	ık sheet,	or copy	and use a	additiona	Il copies	of this st	neet, as r	necessa	ry.)	<del> </del>		
**************************************	C. (	OFFERIN	G PRICE	, NUMBE	R OF IN	/ESTOR	S, EXPEN	ISES ANI	D USE O	F PROC	EEDS	e sal made of a made office.		
alread check	y sold. Er this box "	iter "0" if a	answer is ate in the	"none" o columns	r "zero." li	f the trans	saction is	g and the an excha ecurities o	nge offeri	ing,		des designation monotopy		
Т	ype of Se	curity									Aggregate Offering Price	Amount Aiready Sold		

\$\_\_\_\_\_

Debt .....

Equity	\$ <u>250,000</u>	\$ <u>250,000</u>
[ X ] Common [] Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify).	\$	\$
Total	\$ <u>250,000</u>	\$ <u>250,000</u>
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	<u>5</u>	\$ <u>250,000</u>
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$

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4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$
Printing and Engraving Costs	[]\$
Legal Fees	[x] \$500.00
Accounting Fees	[]\$
Engineering Fees	[]\$
Sales Commissions (specify finders' fees separately)	[]\$
Other Expenses (identify)	[]\$
Total	[] \$500.00
nter the difference between the aggregate offering price given in response to Part C - Question 1 total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross"	\$249,500

b. E and t proceeds to the issuer." .....

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[]\$	[]\$
Purchase of real estate	[]\$	[]\$
Purchase, rental or leasing and installation of machinery and equipment	[]\$	_ []\$
Construction or leasing of plant buildings and facilities	[]\$	[]\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$	[]\$
Repayment of indebtedness	[]\$	_ []\$

Working capital		[X] \$ <u>250,000</u> [] \$
Other (specify):	[]\$[]\$	
		[]\$[]\$
Column Totals		[]\$[]\$
Total Payments Listed (column totals add	led)	[X] \$250,000
	). FEDERAL SIGNATURE	
The issuer has duly caused this notice to be si under <u>Rule 505</u> , the following signature constit Exchange Commission, upon written request o nvestor pursuant to paragraph (b)(2) of <u>Rule 5</u>	tutes an undertaking by the issuer to of its staff, the information furnished	to furnish to the U.S. Securities and
ssuer (Print or Type)	Signature	Date
Computed Ultrasound Global, Inc.	1 C. p. Ch	∕∕∕\ May 20, 2002
Name of Signer (Print or Type)	Title of Signer (Print or	· Type)
C. P. Chang	Issuer's Counsel	
ATTENTION		
Intentional misstatements or omissions of 1001.)	of fact constitute federal criminal	violations. (See 18 U.S.C.
	E. STATE SIGNATURE	
l. Is any party described in 17 CFR 230.262 pule?		
See Appe	ndix, Column 5, for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the

issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Computed Ultrasound Global, Inc.	C. R. Chy 5/20/02
Name of Signer (Print or Type)	Title (Print or Type)
C. P. Chang	Issuer's Counsel

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## **APPENDIX**

	Intend to to non- accrediti investors (Part B-	ed s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of inves amount purc (Part C-Item	hased in State	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
СА	X		Equity \$250,000	5	\$250,000				x
со									

СТ DE DC FL GΑ н ID ΙL IN lΑ KS KY LA ΜЕ MD МА МІ MN

MS мо мт NE NV NH NJ NM NY NC ND ОН ок OR PΑ RI sc

SD ΤN тх UΤ VΤ VA WA wv WI WY PR